

Case Number:	CM14-0061292		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2012
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Jerry Jacobson. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 26-year-old individual was reportedly injured on November 21, 2012. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated January 17, 2014, indicated that there were ongoing complaints of low back pain and neck pain. The physical examination demonstrated a normal gait pattern, tenderness to palpation in the cervical spine, thoracic spine, lumbar spine, a decreased range of motion in the cervical, thoracic and lumbar regions of the spine. Diagnostic imaging studies objectified were not reported. Previous treatment included multiple medications, physical therapy, chiropractic care, and pain management interventions. A request had been made for physical modalities and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve (12) Sessions of Chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

Decision rationale: It is noted that the MTUS guidelines support the use of manual therapeutic endeavors (chiropractic care) for chronic low back pain. However, there needs to be objective occasion of the efficacy of intervention. Furthermore, the amount of chiropractic therapy is limited to a total of 18 sessions. When noting the amount of chiropractic therapy completed, the findings in the most recent physical examination reported, there is insufficient evidence to support that this is at any efficacy or utility. Furthermore, this request is outside the parameters noted in the guidelines. Accordingly, twelve (12) Sessions of Chiropractic is not medically necessary.

Trigger Point Impedance Imaging (TPII), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar and Thoracic (Acute & Chronic) updated 03/31/14 - Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 of 127.

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome, and with that, it has got to have limited lasting value. The progress notes indicate a long-term complex cervical spine, thoracic spine, lumbar spine sprain/strain type scenario. There has been no noted efficacy with the current interventions and no specific trigger points were identified. Therefore, when taking into account the parameters noted in the MTUS and by the physical examination findings reported, there is insufficient clinical data presented to support this. Therefore, Trigger Point Impedance Imaging (TPII), QTY: 1 is not medically necessary.

Localized Intense Neurostimulation Therapy (LINT), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar and Thoracic (Acute & Chronic) updated 03/31/14 - Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 121 of 127.

Decision rationale: A review of the literature and the guidelines (MTUS, ACOEM, and ODG) do not specifically identify this specific intervention. However, the parameters noted for neuromuscular simulation were used. As outlined in the MTUS, such intervention is not recommended. Furthermore, when noting the multiple progress notes reviewed and there has not been any increased functionality, decreased symptomatology or any other parameter of objective improvement, there is insufficient medical evidence presented to support the necessity of this request. Such as, Localized Intense Neurostimulation Therapy (LINT) is not medically necessary.

Exam for Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar and Thoracic (Acute & Chronic) Updated 03/31/14 - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS guidelines support the use of lumbar braces that are support devices for the treatment or prevention of low back pain. The exception is of a notice of spondylolisthesis, documented instability, or postoperative treatment. None of these maladies are present based on the records reviewed. Therefore, exam for Lumbar Spine Brace is not medically necessary.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar and Thoracic (Acute & Chronic) Updated 03/31/14 - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS guidelines support the use of lumbar braces that are support devices for the treatment or prevention of low back pain. The exception is of noticed spondylolisthesis, documented instability, or postoperative treatment. None of these maladies are present based on the records reviewed. Therefore, Lumbar Spine Brace is not medically necessary..

Orthopedic Consultation for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (Second Edition) Chapter 7, Page 127 - Regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 Independent Examinations and Consultations, page 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the multiple clinical examinations completed and by the references to other investigations, there is no indication that this diagnosis is uncertain or extremely complex. This is a straightforward sprain/strain situation with chronic complaints of pain and no specific pathology. As such, the parameters noted in the MTUS for a consultation are not met and this is not medically necessary.